

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 021613

State File No. ....

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>205</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>			
b. CITY OR TOWN <u>De Soto Mo</u>		c. LENGTH OF STAY (If this place) <u>2 1/2 YRS</u>		c. CITY OR TOWN <u>De Soto</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Soto REST HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0502 321 W. CLEMENT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLYN</u>		b. (Middle) <u>BUSEY</u>		c. (Last) <u>GRATTAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1957</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 15, 1874</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CHAMPAIGN ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN BUSEY</u>		13b. MOTHER'S MAIDEN NAME <u>CARDLYN SNYDER</u>		14. NAME OF HUSBAND OR WIFE <u>DR. W. H. GRATTAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OPAL FITZ GIBSON</u>		ADDRESS <u>De Soto Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yr.</u>			
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-11</u> , 19 <u>57</u> , to <u>6-13</u> , 19 <u>57</u> that I last saw the deceased alive on <u>6-11</u> , 19 <u>57</u> , and that death occurred at <u>2:22</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas E. Talbot MD</u> (Degree or title)				23b. ADDRESS <u>De Soto Mo</u>		23c. DATE SIGNED <u>6-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 13 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GALATIA</u>		24d. LOCATION (City, town, or county) (State) <u>GALATIA ILL.</u>	
DATE REC'D BY LOCAL REG. <u>6-15-57</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich</u>		ADDRESS <u>De Soto Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 18 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*James B. [Signature]*

Licensed Embalmer No. 410

P. O. Address.....

*[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.